



ECOLOGY YOUTH CORPS YOUTH CREW MEMBER APPLICATION

The Ecology Youth Corps (EYC) Program is made possible through the Waste Reduction, Recycling, and Model Litter Control Act. It is funded by a tax paid by businesses which manufacture, distribute, or sell products which contribute to the litter problem.

The two types of EYC crews are:

- ◆ Road crews which clean litter and recycle materials from interstate freeways, state highways, boat launches, parks, and other public places.
- ◆ Special event crews that staff displays at public events, such as fairs and parades, to inform the public about litter prevention, recycling, and other environmental issues.

All crews participate in environmental learning activities. They may also assist in helping to promote the "Litter and It Will Hurt" campaign. Most employment occurs during the summer, although some activities occur year-round.

Applicants must: be 14-17 years old on the first day of employment; have a Social Security card and be eligible to work in the United States.

Proper completion of your application is very important. Incomplete or unreadable applications will not be considered for employment. Paid and non-paid work experience may be useful for EYC employment, but is not required.

Crew members are hired through a standardized, competitive interview process. Due to the large number of applications received, we are often unable to interview every applicant. **If you are selected for an interview, you will be notified by phone or mail.**

The Washington State Department of Ecology is an Equal Opportunity employer and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled-veteran status, Vietnam-Era veteran's status or sexual orientation. For special accommodation needs, please contact the Employee Services Office at (360) 407-6186. The TTY number is 711 or 1-800-833-6308.

We ask that applicants, not parents or guardians, nor school counselors, fill out the attached application. Please remove and keep this page. Mail your completed application, before the regional deadline, to the Ecology Regional Office listed on the reverse side.

Applications will not be accepted after the deadline. For more information please, call the EYC Coordinator at the phone number listed on the next page, or visit our website at:

<http://www.ecy.wa.gov/programs/swfa/ecy/cro.html>

printed on recycled paper

PLEASE READ CAREFULLY:

Applications must be:

- **Legible**
- **Complete**
- **Filled out and signed in ink**
- **Accompanied by two (2) teacher, school counselor, coach or principal references,**

AND

- **be received in our office before the deadline.**

See your school counselor for deadline date or the EYC website

<http://www.ecy.wa.gov/programs/swfa/eyc/cro.html>

If your application is found to be incomplete in any way, it may be returned or you may be entirely disqualified from recruitment this season.

Only applicants available to work for a full four-week work period will be considered for summer employment. Camps and vacations are not a good excuse to miss work when the work period is so short, and when many other teens both desire and need a job.

All EYC crew member positions are temporary. Hiring is based on our standardized interview results. You will be notified regarding your interview status.

Where to Send Your Application

Central Region Crew Locations

Benton
Chelan
Douglas
Kittitas
Klickitat
Okanogan
Yakima

Central Region Office

EYC Coordinator
Department of Ecology
Central Regional Office
15 West Yakima Avenue
Suite 200
Yakima WA 98902-3401

Main Office Phone (509) 575-2490

Central Region Office Contacts

Rod Hankinson, EYC Coordinator.....(509) 454-7209

Shelly Smith, EYC, Assistant(509) 454-7873

(Remove and KEEP this page)

Date Received: _____

APPLICATION FOR EMPLOYMENT**CREW MEMBER – ECOLOGY YOUTH CORPS****Please type or print *LEGIBLY* in ink and fill out *both* sides of this form**Name: _____
(Last) (First) (M.I.)Date of Birth: ____/____/____ Phone: (____) ____-____ Message: (____) ____-____
month/date/year

Address: _____ City _____ State _____ Zip: ____-____

County: _____ Dates available for employment: From: ____/____/____ To: ____/____/____

Where did you learn about this job opportunity? _____

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐**IN AN EMERGENCY CALL** (Parent or Guardian)

Name: _____ Phone: (____) ____-____

Address: _____
City State Zip Code

Relationship: _____

EDUCATION:

SCHOOL NAME:	CURRENT GRADE LEVEL (year in school):
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EMPLOYMENT: List in order, present or last position first.Are you a former EYC crew member? Yes ☐ No ☐

1. Last or Present Employer: _____ Telephone # (____) ____-____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____	FROM: (Month, Year) /
	TO: (Month, Year) /
	Hours Per Week
	Immediate Supervisor
2. Employer: _____ Telephone # (____) ____-____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____	FROM: (Month, Year) /
	TO: (Month, Year) /
	Hours Per Week
	Immediate Supervisor

DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION – In order to ensure equal employment opportunity, the Washington State Department of Ecology request your voluntary cooperation by indicating the following. Your answers will be treated as confidential

Name: _____
(Last) (First) (Initial)Gender: Male ☐ Female ☐ Date of Birth: (month / day / year) ____/____/____Disabled: No ☐ Yes ☐Race/Ethnic Origin
(please check)

- ☐ A Native American
- ☐ W Caucasian
- ☐ C Asian/Pacific Islander
- ☐ M Hispanic
- ☐ B African American
- ☐ Other:

REMOVE AND RETURN THIS PAGE
FILL OUT THE FOLLOWING COMPLETELY

If you have skills or experience gained through volunteer work, community projects, or service organizations, please describe here. Give dates and nature of the project or organization.

Special skills or capabilities that might related to this job:

Hobbies, interests, school activities, etc.:

REFERENCES: (Do not list former supervisors or relatives) (List different references than on your Reference Form)

	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
1.				() -
2.				() -

I certify that the information that has been provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my termination if employed.

SIGNATURE (in ink) _____ **DATE** _____